Fil	I in this information to identify your o	:ase:				i						
	ebtor 1 Michael D. J	·										
	btor 2 ouse, if filing)				_							
Un	ited States Bankruptcy Court for the	EASTERN DISTRICT	Γ OF PENNSYLVANIA	Ą								
Ca	ase number 17-14737					C	neck if this is:					
(if known)						■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:						
<u>O</u>	fficial Form 106I						MM / DD/ Y		· ·			
S	chedule I: Your Inc	ome					1011017 007 1	• • •		12/1		
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not fili Ir spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse	is liv matic	ing w	ith you, incli	ude info	ormation about y	our eeded.		
1.	Fill in your employment information.	Debtor 1	Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed				■ Emplo	■ Employed				
		Employment status	■ Not employed				☐ Not er	☐ Not employed				
	employers.	Occupation	disabled				Nurse Supervisor					
	Include part-time, seasonal, or self-employed work.	Employer's name						Lower Bucks Pediatrics				
	Occupation may include student or homemaker, if it applies.	Employer's address										
		How long employed t	here?									
Par	t 2: Give Details About Mor	nthly Income				··						
E <b>sti</b> spot	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any I	ine, w	rite \$0 in the	space. I	nclude your non-	filing		
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the informatio	n for all e	emplo	yers 1	or that perso	n on the	lines below. If yo	ou need		
						For [	Debtor 1		For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	5,352.00			
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	0.00			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	5,352.00			

Official Form 1061 Schedule I: Your Income page 1

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Deb	otor 1	Michael D. Jones, Jr.		Case	number (if known)	17-	14737		
	C		,		Debtor 1	no	or Debtor on-filing s	pouse	
	Сор	y line 4 here	4.	\$	0.00	\$	5,	352.00	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		910.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		0.00	
	5e.	Insurance	5e.	\$	0.00	\$		0.00	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	
	5g.	Union dues	5g.	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	5h.+	- \$	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		910.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	4,	442.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	¢	000.00	6		0.00	
	01-	monthly net income.	8a. 8b.	\$_ \$	800.00	\$		0.00	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$		0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		0.00	
	8e.	Social Security	8e.	\$	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$		0.00	-0.
	8h.	Other monthly income. Specify:	8h.+	- \$_	0.00	+ \$ _		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	800.00	\$		0.0	0
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		800.00 + \$	4	.442.00	= \$	5.242.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					,	_	
11.	Inclu	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. In the second of the second second include any amounts already included in lines 2-10 or amounts that are not a cify:	depen			M.			0.00
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The rest is that amount on the Summary of Schedules and Statistical Summary of Certain ies	ult is tl n Liab	ne con ilities a	nbined monthly in and Related <i>Data</i>	com, if it	12.	\$ Combi	
13.	Do y	ou expect an increase or decrease within the year after you file this form?	?					month	y income
		No.							
		Yes. Explain:							